

Economic Assistance Application

What is Economic Assistance and How Do I Apply for Economic Assistance

Economic Assistance programs help low income individuals, families, children, pregnant women, people with disabilities, and the elderly, by providing medical, nutritional, financial, and case management services.

Step 1- Complete all questions. Sign and date the application. If you need help completing this form or bringing it to the local Social Services office, please call your local Social Services office and ask for help.

Step 2- Mail, fax, or take your application to a local Social Services office. You have the right to file this application right away by completing your name, address, and signature on this page. The date we get this page starts the time we have to decide your eligibility for the Supplemental Nutrition Assistance Program (SNAP), and/or medical programs.

Step 3- Interview. Provide proof of income and expenses. If this is not a new application we will only need verification of any changes. An interview is required if applying for Supplemental Nutrition Assistance Program (SNAP) or Temporary Assistance for Needy Families (TANF).

Do You Need Interpreter Services?

☐ Yes ☐ No

Please check what type of interpreter services are needed ☐ Language (list what language) _____

☐ Visual or Hearing Impaired ☐ Other (Interpreter services are provided free of charge)

If other help is needed please describe: _____

Tell Us About You

Answer these questions about yourself.

First Name		Initial		Last Name		Social Security Number	
Birth Date		Home Phone		Cell Phone (optional)		Message/ Work Phone	
Street Address				Apartment Number		County (you live in)	
City		State		Zip Code		Email Address (optional)	
Mailing Address (if different from street address)						Do you live on an Indian Reservation? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Directions to Your Home (if no address)							

When Will I Get Assistance?

Supplemental Nutrition Assistance Program (SNAP) within 7 days:

You must complete the entire application and have an interview. You must provide a copy of your ID such as your driver's license, social security card, or non citizen papers. You will receive SNAP benefits (if eligible) within 7 days if you meet one of the following:

- Households with gross monthly income less than \$150 and resources of \$100 or less; or
- Households with rent, mortgage, and utilities that are more than the household's gross monthly income and resources; or
- Households with a migrant or seasonal farm worker with resources (including cash, checking and savings accounts) of \$100 or less, whose income is stopping or starting.

SNAP Benefits within 30 days:

You will receive SNAP benefits within 30 days if you are eligible. If you are not eligible you will receive a letter of explanation.

Medical Assistance within 45 days:

You will receive notice of your eligibility determination within 45 days after receipt of the application for most medical programs.

Temporary Assistance for Needy Families (TANF) within 30 days:

Benefits will be determined from the date the signed application is received. (An application for TANF requires another form.)

I certify that I will give the South Dakota Department of Social Services all information needed to review my application for TANF, SNAP, and Medical programs. This information will be true and correct to the best of my knowledge.

Please sign below.

Signature:	Today's Date:
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FOR AGENCY USE ONLY

Expedited: <input type="checkbox"/> Yes <input type="checkbox"/> No Application: <input type="checkbox"/> New <input type="checkbox"/> Renewal	Receipt Date	Case Number
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Can I Choose to Have Someone Help Me?

You can choose an authorized representative to help fill out your application, give information at your interview, and speak with your Benefits Specialist for you. If you wish to have an authorized representative, tell us about this person by completing the following information.

Name (of Authorized Representative)	Telephone Number
Address	

Who Lives in your Home?

1. Please complete the following information for all people living in your home, including those not requesting assistance.

► Completion of Social Security number and citizenship is optional for those not asking for assistance. Completion of the race & ethnicity section is also optional.

*Marital Status Codes:	M- Married	S- Separated	D- Divorced	W- Widow/ Widower	N- Never Married/Single
** Race Codes:	W- White	A- American Indian/Alaska Native	B-Black	H- Hawaiian/Pacific Islander	O- Asian

<u>Circle Help Needed</u>	<u>First Name, Middle Initial, Last Name</u>	<u>Relation To You</u> Spouse, Son/ Daughter Sibling, etc.	<u>Social Security Number</u>	<u>Date of Birth</u>	<u>Last Grade Completed</u>	<u>Sex</u> Circle One	<u>*Marital Status</u> Circle One	<u>**Race</u> May Circle more than One	<u>Ethnicity: Hispanic or Latino</u> Circle One	<u>U.S. Citizen</u> Circle one
SNAP Medical TANF None		Self				M F	M S D W N	W A B H O	Yes No	Yes No
SNAP Medical TANF None						M F	M S D W N	W A B H O	Yes No	Yes No
SNAP Medical TANF None						M F	M S D W N	W A B H O	Yes No	Yes No
SNAP Medical TANF None						M F	M S D W N	W A B H O	Yes No	Yes No
SNAP Medical TANF None						M F	M S D W N	W A B H O	Yes No	Yes No
SNAP Medical TANF None						M F	M S D W N	W A B H O	Yes No	Yes No
SNAP Medical TANF None						M F	M S D W N	W A B H O	Yes No	Yes No
SNAP Medical TANF None						M F	M S D W N	W A B H O	Yes No	Yes No
SNAP Medical TANF None						M F	M S D W N	W A B H O	Yes No	Yes No
SNAP Medical TANF None						M F	M S D W N	W A B H O	Yes No	Yes No
SNAP Medical TANF None						M F	M S D W N	W A B H O	Yes No	Yes No
SNAP Medical TANF None						M F	M S D W N	W A B H O	Yes No	Yes No
SNAP Medical TANF None						M F	M S D W N	W A B H O	Yes No	Yes No
SNAP Medical TANF None						M F	M S D W N	W A B H O	Yes No	Yes No
SNAP Medical TANF None						M F	M S D W N	W A B H O	Yes No	Yes No
SNAP Medical TANF None						M F	M S D W N	W A B H O	Yes No	Yes No

****If you have more people living in your home, please complete an additional page****

2. Is there anyone in the home who does not buy and fix meals with you?

☐ Yes ☐ No

If yes, list below:

Name	Relationship	Name	Relationship

3. Other than you and your spouse, are there any other parents with children living in your home?

☐ Yes ☐ No

If yes, complete below:

Parent	Children

4. Are there other names used by anyone in the household (maiden names, aliases, etc.)?

☐ Yes ☐ No

If yes, complete below.

Household Member	Other Names Used

5. Are there other states/territories where you have received food, medical, and/or cash assistance?

☐ Yes ☐ No

If yes, complete below:

City/State/Territory	Dates	County	Office Phone #	Worker Name

6. Do you or anyone requesting benefits receive Tribal Commodities?

☐ Yes ☐ No

7. Do you or anyone in the home attend school?

☐ Yes ☐ No

If yes, complete below:

Name	Name of School	Enrollment Status	Expected Graduation date	Is this a Boarding School?
		<input type="checkbox"/> Full Time <input type="checkbox"/> Half Time <input type="checkbox"/> Less Than Half Time		<input type="checkbox"/> Yes <input type="checkbox"/> No
		<input type="checkbox"/> Full Time <input type="checkbox"/> Half Time <input type="checkbox"/> Less Than Half Time		<input type="checkbox"/> Yes <input type="checkbox"/> No
		<input type="checkbox"/> Full Time <input type="checkbox"/> Half Time <input type="checkbox"/> Less Than Half Time		<input type="checkbox"/> Yes <input type="checkbox"/> No
		<input type="checkbox"/> Full Time <input type="checkbox"/> Half Time <input type="checkbox"/> Less Than Half Time		<input type="checkbox"/> Yes <input type="checkbox"/> No

8. Are you or anyone in the home hiding or running from the law:

☐ Yes ☐ No

- to avoid prosecution or felony prosecution
- to avoid being taken into custody, or going to jail for a felony, attempted felony
- violating parole or probation

If yes, list name(s) _____

9. Has anyone in the home been convicted of any of the following after September 22, 1996? ☐ Yes ☐ No

- fraudulently receiving duplicate SNAP, TANF, Medical, or Supplemental Security Income (SSI) benefits in any state
- buying or selling SNAP benefits of \$500 or more
- trading SNAP benefits for guns, ammunition, explosives, or drugs

If yes, list name(s) _____

10. Are you or anyone in the home, currently living in an institution?

☐ Yes ☐ No

If yes, complete below: (an institution is a facility that you live in that provides at least 50% of your meals to you, such as an alcohol/drug treatment center, homeless shelter, battered women's shelter, prison, etc)

Name of person living in the facility	Name of Facility	Type of Facility	Date entered facility:	Amount billed for Residing in the facility: \$ _____
			____/____/____	<input type="checkbox"/> Room only or <input type="checkbox"/> Room & board

What Resources Do Members of Your Household Have?

11. Do you or anyone in the home own or co-own any cars, trucks, boats, campers, motorcycles, trailers, or ATV's? Include all vehicles registered in your name.

If yes, complete below:

☐ Yes ☐ No

Owner / Co-owner	Year	Make (Ford, Chevy, GMC, etc)	Model (Taurus, Blazer, etc)	Amount Owed	Value	Vehicle use? (work, school, recreation, etc.)	Leased? (circle one)
				\$	\$		Yes No
				\$	\$		Yes No
				\$	\$		Yes No
				\$	\$		Yes No
				\$	\$		Yes No

12. Other than the house you live in, are there any land, buildings, or homes owned or co-owned by anyone in your home? If yes, complete below:

☐ Yes ☐ No

Owner / Co-owner	Type/ Location	Value	Amount Owed	For Sale or Rent? (Yes/ No)
		\$	\$	<input type="checkbox"/> Yes <input type="checkbox"/> No
		\$	\$	<input type="checkbox"/> Yes <input type="checkbox"/> No

12a. If this property is for rent, does it produce income?
(If yes, make sure to list the income on question #21)

☐ Yes ☐ No

13. Do you or anyone in the home, including children, own/co-own any of the following types of resources?
If yes, complete below:

☐ Yes ☐ No

Examples include: Cash, Checking, Savings, Credit Union, Direct Express or payroll debit cards, Stocks, Bonds, Certificates of Deposit, Life Insurance, Trust Funds, Individual Indian Monies (IIM), Money Market Funds, Deferred Compensation Plan, Burial Funds, Contracts for Deed, IRAs, 401K, Keogh plan, or other items of value.

Name	Type of Resource	Bank/ Location	Account Number	Value/ Balance
				\$
				\$
				\$
				\$
				\$
				\$
				\$

14. Has anyone in the home sold, traded, or given away anything of value within the last 3 months?
(money, land, vehicles, buildings, house, etc.)

If yes, complete below:

☐ Yes ☐ No

Name	What was Transferred?	Date Transferred	Value
			\$
			\$

What Type of Income Do Members of Your Household Receive?

15. Do you or anyone in the home have job income or expect to start a job?

☐ Yes ☐ No

If yes, list all job income, including any job income for a child, and provide proof of the last 30 days.

Who is Working or Starting Work?	Employer	Hours worked per month & wage per hour	Gross Income received in the last 30 days or expected to receive	Tips	How often paid?	Date of Next Check
		Hours worked: _____ Wage per hour: _____	\$ _____	\$ _____	<input type="checkbox"/> weekly <input type="checkbox"/> biweekly <input type="checkbox"/> monthly <input type="checkbox"/> twice monthly <input type="checkbox"/> Other _____	
		Hours worked: _____ Wage per hour: _____	\$ _____	\$ _____	<input type="checkbox"/> weekly <input type="checkbox"/> biweekly <input type="checkbox"/> monthly <input type="checkbox"/> twice monthly <input type="checkbox"/> Other _____	
		Hours worked: _____ Wage per hour: _____	\$ _____	\$ _____	<input type="checkbox"/> weekly <input type="checkbox"/> biweekly <input type="checkbox"/> monthly <input type="checkbox"/> twice monthly <input type="checkbox"/> Other _____	
		Hours worked: _____ Wage per hour: _____	\$ _____	\$ _____	<input type="checkbox"/> weekly <input type="checkbox"/> biweekly <input type="checkbox"/> monthly <input type="checkbox"/> twice monthly <input type="checkbox"/> Other _____	

16. Do you or anyone in the home have income from Experience Works, WIA, or work study? ☐ Yes ☐ No

17. Are you or anyone in the home self employed or work odd jobs for cash?

☐ Yes ☐ No

If yes, complete below and provide proof: (for self employment, provide last tax return filed or monthly ledgers)

Name	Type of Work	Income per month after expenses
		\$ _____
		\$ _____

18. Has anyone's job income ended in the last 60 days or is anyone currently on strike?

☐ Yes ☐ No

If yes, complete below and provide proof of your final check:

Name	Employer	Last Day Worked	Final Check Date	Reason for leaving

19. Are you or anyone in the home a migrant or seasonal farm worker?

☐ Yes ☐ No

20. Are you or anyone in the home unable to work due to a health problem?

☐ Yes ☐ No

If yes, complete below:

Name	Have they applied for SSA/ SSI/ VA/ Worker's Comp?	If yes, list date they applied
	<input type="checkbox"/> Yes <input type="checkbox"/> No	
	<input type="checkbox"/> Yes <input type="checkbox"/> No	

21. Does anyone in the home, including children, receive income that is not from a job?

☐ Yes ☐ No

If yes, complete below: Examples Include: Child Support, Alimony, Social Security, SSI, SSI State Supplement, BIA GA, Tribal TANF, Unemployment, Worker's Compensation, Veteran's Benefits, Retirement, Pensions, Annuities, Dividends, Rental Income, Tribal Lease or Per Capita Income, Prizes, Money from Family or Friends, and all other sources of income.

Name	Source of Income	Gross Amount this Month
		\$ _____
		\$ _____
		\$ _____
		\$ _____
		\$ _____
		\$ _____

What Expenses Does Your Household Have?

22. Do you or anyone in the home pay for shelter expenses?

☐ Yes ☐ No

If yes, complete below and provide proof of the expense:

Rent	\$	per month
If renting, list the Landlord's name:		Phone:
Lot Rent	\$	per month
Mortgage	\$	per month
Property Taxes	\$	per month if not included in mortgage
Homeowner's Insurance	\$	per month if not included in mortgage

23. Do you or anyone in the home pay for Utility expenses?

☐ Yes ☐ No

If yes, check the box(es) next to the utility(ies) you are responsible to pay and provide proof of the expense:

<input type="checkbox"/> Air Conditioning	<input type="checkbox"/> Garbage	<input type="checkbox"/> Heat (If Wood Heat: <input type="checkbox"/> Wood-Buy <input type="checkbox"/> Wood-Cut)
<input type="checkbox"/> Electricity	<input type="checkbox"/> Sewer	<input type="checkbox"/> Telephone
<input type="checkbox"/> Water	<input type="checkbox"/> Cooking Fuel	<input type="checkbox"/> None
<input type="checkbox"/> All of the above		

24. Do you or anyone in the home pay for child care or adult care in order to work, look for work, or to attend school?

☐ Yes ☐ No

If yes, complete below and provide proof of the amount billed:

Name of Person in Care	Amount Billed per month	Provider
	\$	
	\$	
	\$	
	\$	

25. Does anyone in the home pay court ordered child support to another household?

☐ Yes ☐ No

If yes, complete below and provide proof of the amount paid:

Name of Person who Pays	How Much Per Month	To Whom Paid
	\$	
	\$	

26. Does anyone who is a person with a disability or age 60 or older, pay medical costs?

☐ Yes ☐ No

If yes, complete below and provide proof of the medical expense:

Include doctor & hospital bills, prescription drugs, dental, eyeglasses, transportation, Medicare premiums, health insurance premiums, etc.

Name	Total Amount per month
	\$
	\$

27. Do you or anyone in the home receive help paying expenses?

☐ Yes ☐ No

If yes, complete below:

Include help you get from any agency, organization or person in paying your household expenses.

Examples include housing assistance, energy/ heating assistance (LIEAP), child care assistance, etc.

Which Expense was Paid	Name of Person who Pays

Are you Applying for Medical Assistance?

Please answer questions 28-32 only if you want medical assistance.

28. Is anyone in the home pregnant?

☐ Yes ☐ No

If yes, complete below:

Name	Expected Due Date	Number of Babies Expected

29. Does anyone requesting Medical Assistance have any unpaid medical bills for care received in the last 3 months?

☐ Yes ☐ No

If yes, complete below:

Name	Month of Medical Bill(s)

30. Is anyone in the home covered by health insurance other than Medicaid/CHIP?

☐ Yes ☐ No

If yes, complete below:

Person(s) Covered	Policy Holder	Name and Address of Insurance Co.	Check Type of Insurance	Group # Policy #	Start Date/ End Date
			<input type="checkbox"/> Medicare A <input type="checkbox"/> Medicare B <input type="checkbox"/> Medicare D <input type="checkbox"/> Medigap <input type="checkbox"/> Inpatient <input type="checkbox"/> Outpatient <input type="checkbox"/> Pharmacy	<input type="checkbox"/> Vision <input type="checkbox"/> Dental <input type="checkbox"/> Mental <input type="checkbox"/> Cancer <input type="checkbox"/> Accident <input type="checkbox"/> LTC <input type="checkbox"/> Work Comp	
			<input type="checkbox"/> Medicare A <input type="checkbox"/> Medicare B <input type="checkbox"/> Medicare D <input type="checkbox"/> Medigap <input type="checkbox"/> Inpatient <input type="checkbox"/> Outpatient <input type="checkbox"/> Pharmacy	<input type="checkbox"/> Vision <input type="checkbox"/> Dental <input type="checkbox"/> Mental <input type="checkbox"/> Cancer <input type="checkbox"/> Accident <input type="checkbox"/> LTC <input type="checkbox"/> Work Comp	

31. Has any household member requesting medical assistance dropped group health insurance within the last 3 months?

☐ Yes ☐ No

32. Are any family members, living in your home covered or eligible for coverage under the South Dakota State Employees insurance program?

☐ Yes ☐ No

If yes, who is covered or eligible _____

33. Have any Native American household members requesting medical assistance ever received a service from Indian Health Services (IHS), Urban Indian Health or other tribal healthcare?

☐ Yes ☐ No

If yes, who received the service? _____

Are you Applying for TANF?

Please answer questions 34 only if you want TANF assistance.

34. Has anyone been convicted of a felony for possession, use, or distribution of a controlled drug substance after August 22, 1996?

☐ Yes ☐ No

If yes, list name(s) _____ State where convicted: _____

Would you like to Register to Vote?

Any citizen in the State of South Dakota who meets the voter registration requirements and applies for public assistance must be provided the opportunity to register to vote.

If you are not registered to vote where you live now, would you like to apply to vote here today?

☐ Yes ☐ No

If you did not check either box, you will be considered to have decided not to register to vote at this time.

Please note that the information and office to which application was made will remain confidential and be used for voter registration purposes. Applying to register or refusing to register to vote will not affect the amount of assistance or services that you may receive from the Department of Social Services. If you would like help filling out the voter registration form, we will help you. The decision whether to seek or accept help is yours. You may fill out the application in private.

If you believe that someone has interfered with your right to register to vote, your right to privacy in deciding whether to register or in applying to register to vote, or your right to choose your own political party or other political preference, you may file a complaint with the:

South Dakota Secretary of State, 500 E Capitol, Pierre SD 57501, (605) 773-3537

Read the Following Sections Carefully

- I agree to inform the SD Department of Social Services when
 - my household's income exceeds the maximum amount for my household size; **and if**
 - I or one of my household members is eligible only because of working 20 hours a week and the employment stops or hours decrease to less than 20 hours a week
- If receiving Medical Assistance, I agree to inform the SD Department of Social Services if the number of persons living with me changes, if there is a change in income or resources, or a change in insurance.
- I understand that by applying for and accepting medical assistance, I assign any proceeds or any other third party support for each person for whom Medical coverage was requested, to the SD Department of Social Services.
- I understand I have the right to appeal, within 30 days, if my SNAP and/or TANF application is not acted on by Economic Assistance. I also have the right to appeal if my medical application is not acted on within 45 days by Economic Assistance.
- I understand I have the right to appeal, within 90 days, if I disagree with any decision made regarding my SNAP application. I also understand that I have the right to appeal within 30 days if I disagree with any decision made regarding my TANF and Medical Assistance application.
- I have the right to file a complaint of discrimination in accordance with State & Federal law and U.S. Department of Agriculture policy which prohibits discrimination on the basis of race, color, national origin, sex, age, religion, political beliefs, or disability (not all prohibited bases apply to all programs). I may file a complaint by writing USDA, Director, Office of Civil Rights, Room 326-W Whitten Building, 1400 Independence Avenue, SW., Washington D.C. 20250-9410 or call (202) 720-5964 (voice & TDD). USDA is an equal opportunity provider and employer. I may also file a complaint of discrimination by writing DSS, Legal Services, 700 Governors Drive, Pierre, SD 57501 or by calling (605) 773-3305.
- Federal and state laws and regulations limit the use and disclosure of confidential or protected health information about applicants and recipients of assistance programs.
- **SOCIAL SECURITY NUMBERS:** Social Security numbers must be provided for all members applying for or receiving assistance (Public Law 104-193 governing TANF, Food and Nutrition Act of 2008 as amended through Public Law 110-246, and ARSD 67:46:01:12 governing Medical Assistance). Individuals applying for assistance may request help in obtaining Social Security numbers. Social Security numbers will not be shared with Federal immigration but may be used or disclosed in order to determine eligibility and benefit level, prevent duplicate participation, verify the accuracy of information provided, used in computer cross matches with other Federal and State agencies (Department of Labor, Social Security, Internal Revenue Service, etc.), assist in collection of benefit overpayments, and apprehend persons fleeing to avoid the law, if requested.

PENALTIES:

If you do the following....	You will....
<ul style="list-style-type: none"> ▪ Hide information or make false statements ▪ Use SNAP benefits that belong to someone else ▪ Use SNAP benefits to buy alcohol or tobacco ▪ Trade or sell SNAP benefits, South Dakota EBT cards, or groceries purchased with SNAP benefits 	Lose SNAP and/or TANF benefits for: <ul style="list-style-type: none"> ▪ 12 months for the first offense ▪ 24 months for the second offense ▪ Permanently for the third offense ▪ May be referred for criminal prosecution
<ul style="list-style-type: none"> ▪ Trade SNAP benefits for controlled substances such as drugs 	Lose SNAP benefits for: <ul style="list-style-type: none"> ▪ 24 months for the first offense ▪ Permanently for the second offense
<ul style="list-style-type: none"> ▪ Trade SNAP benefits for firearms, ammunition, or explosives ▪ Trade, buy, or sell SNAP benefits of \$500 or more 	Lose SNAP benefits permanently
<ul style="list-style-type: none"> ▪ Give false information when applying for or receiving assistance 	<ul style="list-style-type: none"> ▪ Be fined up to \$1000 or sentenced up to 12 months in county jail, or both, if convicted of a misdemeanor ▪ Be fined up to \$2000 or sentenced up to 2 years in prison, or both, if convicted of a felony
<ul style="list-style-type: none"> ▪ Give false information affecting eligibility of Medical Assistance 	<ul style="list-style-type: none"> ▪ Lose Medical Assistance up to a year ▪ Be fined up to \$5000 or sentenced up to 5 years in prison, or both, if convicted
You can also be fined up to \$250,000 or sentenced to prison up to 20 years, or both, for doing these things. You may also be charged under other Federal or State programs and could be ordered to repay the cost of that assistance. You can also be charged with perjury.	

I understand that the information on this form is subject to verification by Federal, State and local officials to determine that such information on this application is correct and complete including citizenship and alien status of the members applying for benefits. If any information is found to be incorrect, benefits may be reduced or terminated and I will be responsible for paying the benefits back. I declare and affirm under penalties of perjury that this application has been examined by me and to the best of my knowledge and belief is in all things true and correct. I understand I may be subject to criminal prosecution for knowingly providing incorrect information. I have read and understand the legal information and understand my responsibilities and agree to fulfill them. I understand the penalties for giving false information or breaking the rules of the assistance program(s).

Signature of Applicant	Date
Signature of Authorized Representative	Date
Signature of Interviewer	Date

Economic Assistance Helpful Reminders

PLEASE KEEP THIS SECTION FOR YOUR RECORDS!

Information for SNAP:

- You **must** report to the Department of Social Services (DSS) when
 - Your household income exceeds the maximum amount for your household size and
 - If you or one of your household members is eligible only because of working 20 hours a week and the employment stops or hours decrease to less than 20 hours a week and
 - If required, you must complete a report form in six months.
- Social Security numbers (SSN) must be provided for all household members over the age of 6 months if you want benefits for the individual. Infants 7 months or older without a SSN must provide proof that a SSN has been applied for or the infant will be ineligible for benefits until the SSN is provided or proof of application is received.
- If eligible, you are entitled to one SNAP benefit per month. If you apply after the 15th of the month, you may receive the first and second months' benefits at the same time.
- If you receive the wrong amount of benefits, you will have to pay them back.
- You cannot receive SNAP benefits and commodities in the same month, unless the commodities are distributed through the Senior Box Program.
- Children receiving SNAP or TANF benefits are automatically eligible for the National School Lunch program if it is offered at the school the child attends.
- If you are age 18-49, able to work but not working, you may only be eligible for benefits for 3 months out of a 36 month time period unless you live with a dependent child under age 18 or other exemption criteria are met.
- If you are able to work, you must register for work and cooperate with work registration requirements. Failure to cooperate will result in disqualification. Quitting a job or voluntarily reducing employment hours may also result in disqualification.
- If receiving TANF, you must cooperate with the TANF work program, or your TANF and/or SNAP benefits may be reduced or stopped.
- All adult household members must read and sign an Authorization to Furnish/Release Information. This form will be provided to you.
- Information reported to your Benefits Specialist the first of the month or later will not change benefits until the following benefit month(s).
- You can spend SNAP benefits like cash at authorized stores for food and for edible garden plants or seeds to grow food to eat. You cannot buy alcohol, tobacco, vitamins, medicine, pet food, paper products, or hot foods prepared for immediate consumption with your SNAP benefits.
- You are not allowed to pay for food purchased on credit with SNAP benefits. If you do, you may lose benefits.
- The SD EBT card, benefits, or food purchased with the SD EBT card cannot be sold, or traded. It is against the law. If benefits and/or food purchased with SNAP benefits are sold or traded, it will be investigated and if found guilty, a 12 month, 24 month, or permanent disqualification for SNAP will be implemented and the amount of any misused benefits will be required to be repaid. Individuals may also be referred for criminal prosecution which could result in a fine and/or prison time.

- Once you've received your benefits, you can use them this month, next month or anytime in future months even if your case is closed. We recommend you use your South Dakota EBT (SD EBT) card at least once every 30 days. The card may be used anywhere in the United States.
- The SD EBT card will last for years. It is important to keep the SD EBT card in a safe and secure location. Multiple requests for replacement EBT cards may result in an investigation.
- Funds taken from the SD EBT card must be for the exact amount of the purchase. Grocery clerks should not charge you sales tax on purchases paid for with SNAP benefits.
- Your case may be subject to a Federal or State audit whether it is active or not.
- If your SNAP case closes, your household may continue to be eligible for other assistance such as TANF and/or Medical.

Information for TANF:

- You must report to DSS when your household income exceeds the maximum amount for your TANF household size.
- A social security number must be provided as a condition of eligibility. Individuals will be ineligible until the SSN is provided or proof of application is received.

Information for Medical programs:

- After approval, for **ALL** questions regarding covered medical services or billing issues – **please call 1-800-597-1603**. You may also refer to the medical recipient handbook.
- After medical approval, to change your primary care provider, you can go on-line at <http://apps.sd.gov/applications/SW96Provider/MMCPSelectionForm.aspx> call your Benefits Specialist **OR** you can stop by your local DSS office to request the change. Remember, your request will not take effect until the 1st of the next month.

General Information for all programs:

- I understand that I must inform my Benefits Specialist if I have been convicted of an Intentional Program Violation (IPV) for any benefit program, whether the conviction was in South Dakota or any other state.
- I understand that I only have to provide immigrant status for individuals asking for or receiving benefits. However, individuals are still required to answer questions and submit verification about income and resources which may affect eligibility and benefits. An individual's immigration status will be verified if he/she applies for and/or receives benefits. Verification will be obtained by BCIS (Bureau of Citizenship & Immigration Services).
- Please make sure we have your most current mailing address because mail from the Department of Social Services is **NOT** forwarded by the Post Office.
- I understand that I will receive a written notice explaining the benefits I will receive. If benefits are denied, changed, suspended, or stopped, the written notice will explain why.
- Information you provide and information obtained by DSS is subject to verification from employers, financial sources, other third parties and also will be verified by computer cross-matching with other agencies (Dept. of Labor, Internal Revenue Services, Social Security Administration, etc.).
- If you have any questions, please discuss them with your Benefits Specialist.
- If you wish to appeal our decision to reduce, deny, or close benefits, you may request a fair hearing by writing any office in the Department of Social Services or send your written request directly to the Office of Administrative Hearings, Kneip Building, 700 Governors Drive, Pierre, SD 57501-2291. **For SNAP only**, you may make your request by calling any local Department of Social Services office or the office of Administrative Hearings at 1-605-773-6851.